

CLAIMS ONLY

Application Number

10/055174

Filing Date

(1)

Applicant(s)

* May be used for additional claims or amendments:

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total						
Indep	6		12			
Total						
Depend	25		24			
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Claims	31		36			

	Indep	Depend	Indep	Depend	Indep	Depend
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Claims						

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/055174</div>		Filing Date <div style="font-size: 1.2em; font-family: cursive;">(2)</div>		
							Applicant(s) <div style="font-size: 1.2em; font-family: cursive;">(2)</div>				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
101							151				
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Total Indep	6		6				Total Indep				
Total Depend	17		18				Total Depend				
Total Claims	23		24				Total Claims				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO 9199 and select option 2.

CLAIMS ONLY							Application Number		Filing Date			
11/8/04							10/055174		(3)			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
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50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					